

REQUEST FOR CRIMINAL HISTORY AND DFPS HISTORY CHECK FOR SERVICES PROVIDED BY CONTRACTORS AND GRANTEES

Purpose: Use this form to submit background checks on employees, subcontractors, and volunteers for the contractor or grantee who provide services to populations served by DFPS or require direct access to or direct contact with DFPS clients, participants, or resources.

Directions: The contractor, grantee, owner, operator, or authorized representative completes the following sections on the form:

- Contractor or Grantee Information
- Verification Signature
- Background Check Subject Information (This section provides identifying information for the person required to have the background check.)

CONTRACTOR OR GRANTEE INFORMATION

Note: If more space is needed for additional, required information, the contractor, grantee, owner, operator, or authorized representative may staple a separate sheet of paper with the information to this form.

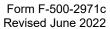
Name:	Contract Number:	Telephone Number: ()							
Physical Address:	Mailing Address:	County:							
VERIFICATION SIGNATURE									
□ By reviewing the person's Social Security card or driver license , I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge.									
\square I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the contract.									
Printed name of contractor, grantee, owner, operator, or authorized representative:	Signature of contractor, grantee, owner, operator, or authorized representative:	Date signed:							
	X								

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy online at <u>DFPS Privacy and Security Policy</u>.



BACKGROUND CHECK SUBJECT INFORMATION								
Please enter N/A for items that are not applicable.								
First Name:		Middle Nar	ne:		Last Name:			
		□ No Middle Name						
Other names or spellings used (married, maide				الطالع. //diddle	Last □ No Other Names			
Not providing all names previous			-					
Other First Names:		Other Midd	dle Names:		Other	Last Names:		
Home Address:			City:			State:	Zip Code:	
County of Residence:	Telephone I		□ Residence	:e	Date o	of Birth:	Gender:	
	()		□ Cell				☐ Male☐ Female	
			□ Business				гептате	
Does the subject have a Social Se				No		ulti i a u a li da Di	Par Har CCN	
If the subject has an SSN, it mus here:	t be provided	i to ensure t	ле раскдго	una cn	eck rest	uit is valia: Pi	ease list the SSN	
If this subject does not have an SSN, enter one of the following alternate number types:								
□ Driver License: □ State ID: □ Canadian SIN								
Number: State:								
□ Passport			nent Resider		rd	□ Milita		
Number: Country		Number:				Number:		
Has this person lived outside of T	exas in the la	ast five year		Birth C	•			
☐ Yes ☐ No Birth State:								
Enter all previous physical addres	ses for the b	ackground o	heck subje	ct in th	e space	provided:		
Ethnicity (must accompany race)	! !	Race:		- A		To diam an Ala	alam Nathan	
☐ Hispanic		☐ White☐ Black				Indian or Ala waiian or Pac		
☐ Non-Hispanic		□ Black □ Asian		⊔ INd	иие па	Wallall Of Pac	inc Islander	
Will this person ever drive DFPS of	 lients?	_ Asian	If ves, e	nter his	s or her	driver license	e number and state of	
☐ Yes ☐ No			issuance.					
			Number:			ate:		
In addition to a Texas Departmen						-		
criminal history checks are requir	•	•			-			
grantee who provides services to populations served by DFPS or requires direct access to or direct contact with DFPS clients, participants, or resources who fit one of the following descriptions:								
Currently lives or has lived outside of Texas within the past five years.								
Currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal								
history check was comple		riminal hists	om a choola	יים יו לים	an am-	il addraga fa	the nercen	
If the individual requires a fingerpression Email:	אווונ-Dased C	riiriiilai NISTO	лу спеск, р	novide	an ema	ılı auuress for	the person.	





BACKGROUND CHECK SUBJECT INFORMATION							
☐ Initial Check		☐ Fingerprint Check Required					
☐ 24-Month Check		☐ Person previously completed an FBI fingerprint-based check through DFPS.					
Relationship of subject to contractor (select all that apply):		Date Hired:	Role or Job Duty:				
☐ Contractor ☐ Applicant for employment							
☐ Staff	□ A	pplicant for volunteerism					
□ Volunteer I	□ O	ther (describe):					